

# Senate Amendment 5172

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1 1 Amend House File 2539, as amended, passed, and  
1 2 reprinted by the House, as follows:  
1 3 #1. By striking page 1, line 3, through page 2,  
1 4 line 4, and inserting the following:  
1 5 <Section 1. DECLARATION OF INTENT.  
1 6 1. It is the intent of the general assembly to  
1 7 progress toward achievement of the goal that all  
1 8 Iowans have health care coverage with the following  
1 9 priorities:  
1 10 a. The goal that all children in the state have  
1 11 health care coverage which meets certain standards of  
1 12 quality and affordability with the following  
1 13 priorities:  
1 14 (1) Covering all children who are declared  
1 15 eligible for the medical assistance program or the  
1 16 hawk=i program pursuant to chapter 514I no later than  
1 17 January 1, 2011.  
1 18 (2) Building upon the current hawk=i program by  
1 19 creating a hawk=i expansion program to provide  
1 20 coverage to children who meet the hawk=i program's  
1 21 eligibility criteria but whose income is at or below  
1 22 three hundred percent of the federal poverty level,  
1 23 beginning July 1, 2009.  
1 24 (3) If federal reauthorization of the state  
1 25 children's health insurance program provides  
1 26 sufficient federal allocations to the state and  
1 27 authorization to cover such children as an option  
1 28 under the state children's health insurance program,  
1 29 requiring the department of human services to expand  
1 30 coverage under the state children's health insurance  
1 31 program to cover children with family incomes at or  
1 32 below three hundred percent of the federal poverty  
1 33 level, with appropriate cost sharing established for  
1 34 families with incomes above two hundred percent of the  
1 35 federal poverty level.  
1 36 (4) Moving toward a requirement that all parents  
1 37 of children less than nineteen years of age must  
1 38 provide proof of qualified health care coverage which  
1 39 meets certain standards of quality and affordability  
1 40 beginning January 1, 2011.  
1 41 b. The goal that the Iowa comprehensive health  
1 42 insurance association, in consultation with the  
1 43 advisory council established in section 514E.5A,  
1 44 provide access to unsubsidized, affordable, qualified  
1 45 health care coverage for children, adults, and  
1 46 families with family incomes as specified under the  
1 47 Iowa choice health care coverage program who are not  
1 48 otherwise eligible for health care coverage through  
1 49 public programs.  
1 50 c. The goal of decreasing health care costs and  
2 1 health care coverage costs by:  
2 2 (1) Instituting health insurance reforms that  
2 3 assure the availability of private health insurance  
2 4 coverage for Iowans by addressing issues involving  
2 5 guaranteed availability and issuance to applicants,  
2 6 preexisting condition exclusions, portability, and  
2 7 allowable or required pooling and rating  
2 8 classifications.  
2 9 (2) Requiring children who have health care  
2 10 coverage through a public program administered by the  
2 11 state, with the exception of any public program that  
2 12 provides health care coverage through private  
2 13 insurers, and children who are insured through plans  
2 14 created by the Iowa choice health care coverage  
2 15 program to have a medical home.  
2 16 (3) Establishing a statewide health information  
2 17 technology system.  
2 18 (4) Implementing cost containment strategies and  
2 19 initiatives such as chronic care management, long-term  
2 20 living planning and patient autonomy in health care  
2 21 decision making, and transparency in health care costs  
2 22 and quality information.>  
2 23 #2. Page 2, by inserting before line 5 the  
2 24 following:

2 25 <DIVISION \_\_\_\_  
2 26 HAWK=I AND MEDICAID EXPANSION  
2 27 Sec. \_\_\_\_ Section 249A.3, subsection 1, paragraph  
2 28 1, Code Supplement 2007, is amended to read as  
2 29 follows:  
2 30 1. Is an infant whose income is not more than two  
2 31 hundred percent of the federal poverty level, as  
2 32 defined by the most recently revised income guidelines  
2 33 published by the United States department of health  
2 34 and human services. Additionally, effective July 1,  
2 35 2009, medical assistance shall be provided to an  
2 36 infant whose family income is at or below three  
2 37 hundred percent of the federal poverty level, as  
2 38 defined by the most recently revised poverty income  
2 39 guidelines published by the United States department  
2 40 of health and human services.  
2 41 Sec. \_\_\_\_ Section 514I.1, subsection 4, Code 2007,  
2 42 is amended to read as follows:  
2 43 4. It is the intent of the general assembly that  
2 44 the hawk=i program be an integral part of the  
2 45 continuum of health insurance coverage and that the  
2 46 program be developed and implemented in such a manner  
2 47 as to facilitate movement of families between health  
2 48 insurance providers and to facilitate the transition  
2 49 of families to private sector health insurance  
2 50 coverage. It is the intent of the general assembly in  
3 1 developing such continuum of health insurance coverage  
3 2 and in facilitating such transition, that beginning  
3 3 July 1, 2009, the department implement the hawk=i  
3 4 expansion program.  
3 5 Sec. \_\_\_\_ Section 514I.1, Code 2007, is amended by  
3 6 adding the following new subsection:  
3 7 NEW SUBSECTION. 5. It is the intent of the  
3 8 general assembly that if federal reauthorization of  
3 9 the state children's health insurance program provides  
3 10 sufficient federal allocations to the state and  
3 11 authorization to cover such children as an option  
3 12 under the state children's health insurance program,  
3 13 the department shall expand coverage under the state  
3 14 children's health insurance program to cover children  
3 15 with family incomes at or below three hundred percent  
3 16 of the federal poverty level.  
3 17 Sec. \_\_\_\_ Section 514I.2, Code 2007, is amended by  
3 18 adding the following new subsection:  
3 19 NEW SUBSECTION. 7A. "Hawk=i expansion program" or  
3 20 "hawk=i expansion" means the healthy and well kids in  
3 21 Iowa expansion program created in section 514I.12 to  
3 22 provide health insurance to children who meet the  
3 23 hawk=i program eligibility criteria pursuant to  
3 24 section 514I.8, with the exception of the family  
3 25 income criteria, and whose family income is at or  
3 26 below three hundred percent of the federal poverty  
3 27 level exclusive of any income disregards, as defined  
3 28 by the most recently revised poverty income guidelines  
3 29 published by the United States department of health  
3 30 and human services.  
3 31 Sec. \_\_\_\_ Section 514I.5, subsection 7, paragraph  
3 32 d, Code Supplement 2007, is amended to read as  
3 33 follows:  
3 34 d. (1) Develop, with the assistance of the  
3 35 department, an outreach plan, and provide for periodic  
3 36 assessment of the effectiveness of the outreach plan.  
3 37 The plan shall provide outreach to families of  
3 38 children likely to be eligible for assistance under  
3 39 the program, to inform them of the availability of and  
3 40 to assist the families in enrolling children in the  
3 41 program. The outreach efforts may include, but are  
3 42 not limited to, solicitation of cooperation from  
3 43 programs, agencies, and other persons who are likely  
3 44 to have contact with eligible children, including but  
3 45 not limited to those associated with the educational  
3 46 system, and the development of community plans for  
3 47 outreach and marketing.  
3 48 (2) Beginning July 1, 2008, develop, with the  
3 49 assistance of the department, enhanced outreach,  
3 50 enrollment, and reenrollment strategies to ensure that  
4 1 eligible children are enrolled and continue to be  
4 2 enrolled in the hawk=i program and the medical  
4 3 assistance program. The strategies shall include but  
4 4 are not limited to working with and supporting  
4 5 community-based organizations, schools, voluntary tax

4 6 assistance sites, and other organizations that are  
4 7 likely to have contact with families of children  
4 8 likely to be eligible for assistance under the  
4 9 programs, and designing and implementing other  
4 10 marketing and communications campaigns. The  
4 11 strategies shall also include but are not limited to  
4 12 examining hawk=i and medical assistance program  
4 13 reenrollment statistics and procedures, establishing  
4 14 reenrollment goals and expectations for the hawk=i and  
4 15 medical assistance programs, and coordinating and  
4 16 streamlining reenrollment procedures between the  
4 17 hawk=i and medical assistance programs, based upon  
4 18 best practices in other states. The board shall  
4 19 provide progress reports at six-month intervals  
4 20 beginning September 1, 2008, to the governor and the  
4 21 general assembly.

4 22 Sec. \_\_\_\_\_. Section 514I.5, subsection 7, Code  
4 23 Supplement 2007, is amended by adding the following  
4 24 new paragraph:

4 25 NEW PARAGRAPH. 1. Develop a design for a premium  
4 26 assistance program for the hawk=i program to provide  
4 27 options to allow children eligible for the hawk=i  
4 28 program to participate in qualified employer-sponsored  
4 29 health plans. The design shall ensure reasonable  
4 30 alignment between the benefits and costs of the hawk=i  
4 31 program and the employer-sponsored health plans. The  
4 32 design shall be completed by January 1, 2009, and  
4 33 submitted to the governor and the general assembly for  
4 34 consideration as part of the hawk=i program.

4 35 Sec. \_\_\_\_\_. Section 514I.7, subsection 2, paragraph  
4 36 a, Code 2007, is amended to read as follows:

4 37 a. Determine individual eligibility for program  
4 38 enrollment based upon review of completed applications  
4 39 and supporting documentation. ~~The administrative~~  
~~4 40 contractor shall not enroll a child who has group~~  
~~4 41 health coverage or any child who has dropped coverage~~  
~~4 42 in the previous six months, unless the coverage was~~  
~~4 43 involuntarily lost or unless the reason for dropping~~  
~~4 44 coverage is allowed by rule of the board.~~

4 45 Sec. \_\_\_\_\_. Section 514I.10, subsection 2, Code  
4 46 2007, is amended to read as follows:

4 47 2. Cost sharing for eligible children whose family  
4 48 income ~~equals or exceeds~~ is one hundred fifty percent  
4 49 ~~but does not exceed two hundred percent~~ of the federal  
4 50 poverty level may include a premium or copayment  
5 1 amount which does not exceed five percent of the  
5 2 annual family income. The amount of any premium or  
5 3 the copayment amount shall be based on family income  
5 4 and size.

5 5 Sec. \_\_\_\_\_. Section 514I.11, subsections 1 and 3,  
5 6 Code 2007, are amended to read as follows:

5 7 1. A hawk=i trust fund is created in the state  
5 8 treasury under the authority of the department of  
5 9 human services, in which all appropriations and other  
5 10 revenues of the program and the hawk=i expansion  
~~5 11 program~~ such as grants, contributions, and participant  
5 12 payments shall be deposited and used for the purposes  
5 13 of the program and the hawk=i expansion program. The  
5 14 moneys in the fund shall not be considered revenue of  
5 15 the state, but rather shall be funds of the program.

5 16 3. Moneys in the fund are appropriated to the  
5 17 department and shall be used to offset any program and  
~~5 18 hawk=i expansion program~~ costs.

5 19 Sec. \_\_\_\_\_. NEW SECTION. 514I.12 HAWK=I EXPANSION  
5 20 PROGRAM.

5 21 1. All children less than nineteen years of age  
5 22 who meet the hawk=i program eligibility criteria  
5 23 pursuant to section 514I.8, with the exception of the  
5 24 family income criteria, and whose family income is at  
5 25 or below three hundred percent of the federal poverty  
5 26 level exclusive of any income disregards, shall be  
5 27 eligible for the hawk=i expansion program.

5 28 2. To the greatest extent possible, the provisions  
5 29 of section 514I.4, relating to the director and  
5 30 department duties and powers, section 514I.5 relating  
5 31 to the hawk=i board, section 514I.6 relating to  
5 32 participating insurers, and section 514I.7 relating to  
5 33 the administrative contractor shall apply to the  
5 34 hawk=i expansion program. The department shall adopt  
5 35 any rules necessary, pursuant to chapter 17A, and  
5 36 shall amend any existing contracts to facilitate the

5 37 application of such sections to the hawk=i expansion  
5 38 program.

5 39 3. The hawk=i board shall establish by rule  
5 40 pursuant to chapter 17A, the cost-sharing amounts for  
5 41 children under the hawk=i expansion program. The  
5 42 rules shall include criteria for modification of the  
5 43 cost-sharing amounts by the board. Beginning July 1,  
5 44 2009, the board shall establish the cost-sharing  
5 45 amounts under the hawk=i expansion program as follows:

5 46 a. For children with family incomes of more than  
5 47 two hundred percent but less than two hundred fifty  
5 48 percent of the federal poverty level, the monthly  
5 49 cost-sharing amount shall be not less than ten dollars  
5 50 per individual and twenty dollars per family if not  
6 1 otherwise prohibited by federal law.

6 2 b. For children with family incomes of at least  
6 3 two hundred fifty percent but at or below three  
6 4 hundred percent of the federal poverty level, the  
6 5 monthly cost-sharing amount shall be forty dollars per  
6 6 individual and eighty dollars per family if not  
6 7 otherwise prohibited by federal law.

6 8 Sec. \_\_\_\_ MEDICAL ASSISTANCE, HAWK=I, AND HAWK=I  
6 9 EXPANSION PROGRAMS == COVERING CHILDREN ==  
6 10 APPROPRIATION. There is appropriated from the  
6 11 general fund of the state to the department of human  
6 12 services for the designated fiscal years, the  
6 13 following amounts, or so much thereof as is necessary,  
6 14 for the purpose designated:

6 15 To cover children as provided in this Act under the  
6 16 medical assistance, hawk=i, and hawk=i expansion  
6 17 programs and outreach under the current structure of  
6 18 the programs:

6 19 FY 2008=2009 .....	\$ 4,800,000
6 20 FY 2009=2010 .....	\$ 14,800,000
6 21 FY 2010=2011 .....	\$ 24,800,000

6 22 DIVISION \_\_\_\_

6 23 IOWA CHOICE HEALTH CARE COVERAGE PROGRAM

6 24 Sec. \_\_\_\_ Section 514E.1, Code 2007, is amended by  
6 25 adding the following new subsections:

6 26 NEW SUBSECTION. 0A. "Advisory council" means the  
6 27 advisory council created in section 514E.5A.

6 28 NEW SUBSECTION. 6A. "Eligible individual" means  
6 29 an individual who satisfies the eligibility  
6 30 requirements for participation in the Iowa choice  
6 31 health care coverage program as provided by the  
6 32 association by rule.

6 33 NEW SUBSECTION. 14A. "Iowa choice health care  
6 34 coverage program" means the Iowa choice health care  
6 35 coverage program established in this chapter.

6 36 NEW SUBSECTION. 14B. "Iowa choice health care  
6 37 policy" means an individual or group policy issued by  
6 38 the association that provides the coverage set forth  
6 39 in the benefit plans adopted by the association's  
6 40 board of directors and approved by the commissioner  
6 41 for the Iowa choice health care coverage program.

6 42 NEW SUBSECTION. 14C. "Iowa choice health  
6 43 insurance" means the health insurance product  
6 44 established by the Iowa choice health care coverage  
6 45 program that is offered by a private health insurance  
6 46 carrier.

6 47 NEW SUBSECTION. 14D. "Iowa choice health  
6 48 insurance carrier" means any entity licensed by the  
6 49 division of insurance of the department of commerce to  
6 50 provide health insurance in Iowa or an organized  
7 1 delivery system licensed by the director of public  
7 2 health that has contracted with the association to  
7 3 provide health insurance coverage to eligible  
7 4 individuals under the Iowa choice health care coverage  
7 5 program.

7 6 NEW SUBSECTION. 21. "Qualified health care  
7 7 coverage" means creditable coverage which meets  
7 8 minimum standards of quality and affordability as  
7 9 determined by the association by rule.

7 10 Sec. \_\_\_\_ Section 514E.2, subsections 1 and 3,  
7 11 Code 2007, are amended to read as follows:

7 12 1. The Iowa comprehensive health insurance  
7 13 association is established as a nonprofit corporation.  
7 14 The association shall assure that benefit plans as  
7 15 authorized in section 514E.1, subsection 2, for an  
7 16 association policy, are made available to each  
7 17 eligible Iowa resident and each federally eligible

7 18 individual applying to the association for coverage.  
7 19 The association shall also be responsible for  
7 20 administering the Iowa individual health benefit  
7 21 reinsurance association pursuant to all of the terms  
7 22 and conditions contained in chapter 513C. The  
7 23 association shall also assure that benefit plans as  
7 24 authorized in section 514E.1, subsection 14C, for an  
7 25 Iowa choice health care policy are made available to  
7 26 each eligible individual applying to the association  
7 27 for coverage.

7 28 a. All carriers and all organized delivery systems  
7 29 licensed by the director of public health providing  
7 30 health insurance or health care services in Iowa,  
7 31 whether on an individual or group basis, and all other  
7 32 insurers designated by the association's board of  
7 33 directors and approved by the commissioner shall be  
7 34 members of the association.

7 35 b. The association shall operate under a plan of  
7 36 operation established and approved under subsection 3  
7 37 and shall exercise its powers through a board of  
7 38 directors established under this section.

7 39 3. The association shall submit to the  
7 40 commissioner a plan of operation for the association  
7 41 and any amendments necessary or suitable to assure the  
7 42 fair, reasonable, and equitable administration of the  
7 43 association. The plan of operation shall include  
7 44 provisions for the issuance of Iowa choice health care  
7 45 policies and shall include provisions for the  
7 46 implementation of the Iowa choice health care coverage  
7 47 program established in section 514E.5. In developing  
7 48 the plan of operation for the Iowa choice health care  
7 49 coverage program, the association shall give deference  
7 50 to the recommendations made by the advisory council as

8 1 provided in section 514E.5A, subsection 1. The  
8 2 association shall approve or disapprove but shall not  
8 3 modify recommendations made by the advisory council.  
8 4 Recommendations that are approved shall be included in  
8 5 the plan of operation submitted to the commissioner.

8 6 Recommendations that are disapproved shall be  
8 7 submitted to the commissioner with reasons for the  
8 8 disapproval. The plan of operation becomes effective  
8 9 upon approval in writing by the commissioner prior to  
8 10 the date on which the coverage under this chapter must  
8 11 be made available. After notice and hearing, the  
8 12 commissioner shall approve the plan of operation if  
8 13 the plan is determined to be suitable to assure the  
8 14 fair, reasonable, and equitable administration of the  
8 15 association, and provides for the sharing of  
8 16 association losses, if any, on an equitable and  
8 17 proportionate basis among the member carriers. If the  
8 18 association fails to submit a suitable plan of  
8 19 operation within one hundred eighty days after the  
8 20 appointment of the board of directors, or if at any  
8 21 later time the association fails to submit suitable  
8 22 amendments to the plan, the commissioner shall adopt,  
8 23 pursuant to chapter 17A, rules necessary to implement  
8 24 this section. The rules shall continue in force until  
8 25 modified by the commissioner or superseded by a plan  
8 26 submitted by the association and approved by the  
8 27 commissioner. In addition to other requirements, the  
8 28 plan of operation shall provide for all of the  
8 29 following:

8 30 a. The handling and accounting of assets and  
8 31 moneys of the association.

8 32 b. The amount and method of reimbursing members of  
8 33 the board.

8 34 c. Regular times and places for meeting of the  
8 35 board of directors.

8 36 d. Records to be kept of all financial  
8 37 transactions, and the annual fiscal reporting to the  
8 38 commissioner.

8 39 e. Procedures for selecting the board of directors  
8 40 and submitting the selections to the commissioner for  
8 41 approval.

8 42 f. The periodic advertising of the general  
8 43 availability of health insurance coverage from the  
8 44 association.

8 45 g. Additional provisions necessary or proper for  
8 46 the execution of the powers and duties of the  
8 47 association.

8 48 Sec. \_\_\_\_\_. NEW SECTION. 514E.5 IOWA CHOICE HEALTH

8 49 CARE COVERAGE PROGRAM.

8 50 1. The association, in consultation with the  
9 1 advisory council, shall establish the Iowa choice  
9 2 health care coverage program to provide access by  
9 3 January 1, 2010, to unsubsidized, affordable,  
9 4 qualified health care coverage to all Iowa children  
9 5 less than nineteen years of age with a family income  
9 6 that is more three hundred percent of the federal  
9 7 poverty level and to adults and families with a family  
9 8 income that is less than four hundred percent of the  
9 9 federal poverty level. However, a child, adult, or  
9 10 family shall not be eligible for health care coverage  
9 11 under the Iowa choice health care coverage program if  
9 12 the child, adult, or family is enrolled in group  
9 13 health coverage or has dropped coverage in the  
9 14 previous six months, unless the coverage was  
9 15 involuntarily lost or unless the reason for dropping  
9 16 coverage is allowed by rule of the association, in  
9 17 consultation with the advisory council.

9 18 2. All children less than nineteen years of age  
9 19 shall be required to have qualified health care  
9 20 coverage beginning January 1, 2011. All parents or  
9 21 legal guardians of children less than nineteen years  
9 22 of age shall be required to provide proof that each  
9 23 child has qualified health care coverage at a time and  
9 24 in a manner as specified by the association by rule.  
9 25 Implementation of this requirement may include a  
9 26 coverage reporting requirement on Iowa income tax  
9 27 returns or during school registration. The  
9 28 association shall develop an operational plan to  
9 29 implement this reporting requirement and submit the  
9 30 plan to the general assembly for review by January 1,  
9 31 2010. This subsection is not applicable to a child  
9 32 whose parent or legal guardian submits a signed  
9 33 affidavit to the association stating that the  
9 34 requirement to have health care coverage conflicts  
9 35 with a genuine and sincere religious belief.

9 36 3. The association, in consultation with the  
9 37 advisory council, shall define what constitutes  
9 38 qualified health care coverage for children less than  
9 39 nineteen years of age. An Iowa choice health care  
9 40 policy for such children shall provide qualified  
9 41 health care coverage. For the purposes of this  
9 42 definition and for designing Iowa choice health care  
9 43 policies for children, requirements for coverage and  
9 44 benefits shall include but are not limited to all of  
9 45 the following:

- 9 46 a. Inpatient hospital services including medical,  
9 47 surgical, intensive care unit, mental health, and  
9 48 substance abuse services.
- 9 49 b. Nursing care services including skilled nursing  
9 50 facility services.
- 10 1 c. Outpatient hospital services including  
10 2 emergency room, surgery, lab, and x-ray services and  
10 3 other services.
- 10 4 d. Physician services, including surgical and  
10 5 medical, office visits, newborn care, well=baby and  
10 6 well=child care, immunizations, urgent care,  
10 7 specialist care, allergy testing and treatment, mental  
10 8 health visits, and substance abuse visits.
- 10 9 e. Ambulance services.
- 10 10 f. Physical therapy.
- 10 11 g. Speech therapy.
- 10 12 h. Durable medical equipment.
- 10 13 i. Home health care.
- 10 14 j. Hospice services.
- 10 15 k. Prescription drugs.
- 10 16 l. Dental services including preventive services.
- 10 17 m. Medically necessary hearing services.
- 10 18 n. Vision services including corrective lenses.
- 10 19 o. No underwriting requirements and no preexisting  
10 20 condition exclusions.
- 10 21 p. Chiropractic services.

10 22 4. The association, in consultation with the  
10 23 advisory council, shall develop Iowa choice health  
10 24 care policy options that are available for purchase  
10 25 for children less than nineteen years of age with a  
10 26 family income that is more than three hundred percent  
10 27 of the federal poverty level. The program shall  
10 28 require a copayment in an amount determined by the  
10 29 association for all services received under such a

10 30 policy except that the contribution requirement for  
10 31 all cost-sharing expenses of the policy shall be an  
10 32 amount that is no more than two percent of family  
10 33 income per each child covered, up to a maximum of six  
10 34 and one-half percent of family income per family.  
10 35 Policies developed pursuant to this subsection shall  
10 36 be available for purchase no later than January 1,  
10 37 2010.

10 38 5. The association, in consultation with the  
10 39 advisory council, shall define what constitutes  
10 40 qualified health care coverage for adults and families  
10 41 who are not eligible for a public program and have a  
10 42 family income that is less than four hundred percent  
10 43 of the federal poverty level. Iowa choice health care  
10 44 policies for adults and families shall provide  
10 45 qualified health care coverage. The association, in  
10 46 consultation with the advisory council, shall develop  
10 47 Iowa choice health care policy options that are  
10 48 available for purchase by adults and families who are  
10 49 not eligible for a public program and have a family  
10 50 income that is less than four hundred percent of the  
11 1 federal poverty level. The Iowa choice health care  
11 2 policy options that are offered for purchase by such  
11 3 adults and families shall provide a selection of  
11 4 health benefit plans and standardized benefits with  
11 5 the objective of providing health care coverage for  
11 6 which all cost-sharing expenses do not exceed six and  
11 7 one-half percent of family income. Policies developed  
11 8 pursuant to this subsection shall be available for  
11 9 purchase no later than January 1, 2010.

11 10 6. The Iowa choice health care coverage program  
11 11 shall provide for health benefits coverage through  
11 12 private health insurance carriers that apply to the  
11 13 association and meet the qualifications described in  
11 14 this section and any additional qualifications  
11 15 established by rules of the association. The Iowa  
11 16 choice health care coverage program shall provide for  
11 17 the sale of Iowa choice health care policies by  
11 18 licensed insurance producers that apply to the  
11 19 association and meet the qualifications established by  
11 20 rules of the association. The association shall  
11 21 collaborate with potential Iowa choice health  
11 22 insurance carriers to do the following, including but  
11 23 not limited to:

11 24 a. Assure the availability of private qualified  
11 25 health care coverage to all eligible individuals by  
11 26 designing solutions to issues relating to guaranteed  
11 27 issuance of insurance, preexisting condition  
11 28 exclusions, portability, and allowable pooling and  
11 29 rating classifications.

11 30 b. Formulate principles that ensure fair and  
11 31 appropriate practices relating to issues involving  
11 32 individual Iowa choice health care policies such as  
11 33 rescission and preexisting condition clauses, and that  
11 34 provide for a binding third-party review process to  
11 35 resolve disputes related to such issues.

11 36 c. Design affordable, portable Iowa choice health  
11 37 care policies that specifically meet the needs of  
11 38 eligible individuals.

11 39 7. The association, in administering the Iowa  
11 40 choice health care coverage program, may do any of the  
11 41 following:

11 42 a. Seek and receive any grant funding from the  
11 43 federal government, departments, or agencies of this  
11 44 state, and private foundations.

11 45 b. Contract with professional service firms as may  
11 46 be necessary, and fix their compensation.

11 47 c. Employ persons necessary to carry out the  
11 48 duties of the program.

11 49 d. Design a premium schedule to be published by  
11 50 the association by December 1 of each year, which  
12 1 includes the development of rating factors that are  
12 2 consistent with market conditions.

12 3 8. The association shall submit an annual report  
12 4 to the governor and the general assembly at the end of  
12 5 the Iowa choice health care coverage program's fiscal  
12 6 year of all the activities of the program including  
12 7 but not limited to membership in the program, the  
12 8 administrative expenses of the program, the extent of  
12 9 coverage, the effect on premiums, the number of  
12 10 covered lives, the number of Iowa choice health care

12 11 policies issued or renewed, and Iowa choice health  
12 12 care coverage program premiums earned and claims  
12 13 incurred by Iowa choice health insurance carriers  
12 14 offering Iowa choice health care policies. The  
12 15 association shall also report specifically on the  
12 16 impact of the program on the small group and  
12 17 individual health insurance markets and any reduction  
12 18 in the number of uninsured individuals in the state.  
12 19 9. The association may grant not more than two  
12 20 six-month extensions of the deadlines established in  
12 21 this section as deemed necessary by the association to  
12 22 promote orderly administration of the program and to  
12 23 facilitate public outreach and information concerning  
12 24 the program.  
12 25 10. Any state obligation to provide services  
12 26 pursuant to this section is limited to the extent of  
12 27 the funds appropriated or provided for implementation  
12 28 of this section.  
12 29 11. Section 514E.7 is not applicable to Iowa  
12 30 choice health care policies issued pursuant to this  
12 31 section.  
12 32 Sec. \_\_\_\_ NEW SECTION. 514E.5A ADVISORY COUNCIL.  
12 33 1. An advisory council is created for the purpose  
12 34 of assisting the association with the development and  
12 35 implementation of the Iowa choice health care coverage  
12 36 program. The advisory council shall make  
12 37 recommendations to the association concerning the plan  
12 38 of operation for the Iowa choice health care coverage  
12 39 program, including but not limited to a definition of  
12 40 what constitutes qualified health care coverage,  
12 41 suggestions for the design of Iowa choice health  
12 42 insurance options, implementation of the health care  
12 43 coverage reporting requirement, and plans for  
12 44 implementing the Iowa choice health care coverage  
12 45 program.  
12 46 2. The advisory council consists of the following  
12 47 persons who are voting members unless otherwise  
12 48 provided:  
12 49 a. The two most recent former governors, or if one  
12 50 or both of them are unable or unwilling to serve, a  
13 1 person or persons appointed by the governor.  
13 2 b. The commissioner of insurance, or a designee.  
13 3 c. The director of human services, or a designee.  
13 4 d. Five members appointed by the governor, subject  
13 5 to confirmation by the senate:  
13 6 (1) An actuary who is a member in good standing of  
13 7 the American academy of actuaries.  
13 8 (2) A health economist.  
13 9 (3) A consumer.  
13 10 (4) A representative of organized labor.  
13 11 (5) A representative of an organization of  
13 12 employers.  
13 13 e. Four members of the general assembly, one  
13 14 appointed by the speaker of the house of  
13 15 representatives, one appointed by the minority leader  
13 16 of the house of representatives, one appointed by the  
13 17 majority leader of the senate, and one appointed by  
13 18 the minority leader of the senate who shall be ex  
13 19 officio, nonvoting members of the advisory council.  
13 20 3. The members of the council appointed by the  
13 21 governor shall be appointed for terms of six years  
13 22 beginning and ending as provided in section 69.19.  
13 23 Such a member of the board is eligible for  
13 24 reappointment. The governor shall fill a vacancy for  
13 25 the remainder of the unexpired term.  
13 26 4. The members of the council shall annually elect  
13 27 one voting member as chairperson and one as vice  
13 28 chairperson. Meetings of the council shall be held at  
13 29 the call of the chairperson or at the request of a  
13 30 majority of the council's members.  
13 31 5. The members of the council shall not receive  
13 32 compensation for the performance of their duties as  
13 33 members but each member shall be paid necessary  
13 34 expenses while engaged in the performance of duties of  
13 35 the council.  
13 36 6. The members of the council are subject to and  
13 37 are officials within the meaning of chapter 68B.  
13 38 Sec. \_\_\_\_ NEW SECTION. 514E.6 IOWA CHOICE HEALTH  
13 39 CARE COVERAGE PROGRAM FUND == APPROPRIATION.  
13 40 The Iowa choice health care coverage program fund  
13 41 is created in the state treasury as a separate fund

13 42 under the control of the association for deposit of  
13 43 any funds for initial operating expenses of the Iowa  
13 44 choice health care coverage program, payments made by  
13 45 employers and individuals, and any funds received from  
13 46 any public or private source. All moneys credited to  
13 47 the fund are appropriated and available to the  
13 48 association to be used for the purposes of the Iowa  
13 49 choice health care coverage program. Notwithstanding  
13 50 section 8.33, any balance in the fund on June 30 of  
14 1 each fiscal year shall not revert to the general fund  
14 2 of the state, but shall be available for the purposes  
14 3 set forth for the program in this chapter in  
14 4 subsequent years.

14 5 Sec. \_\_\_\_ IOWA CHOICE HEALTH CARE COVERAGE PROGRAM  
14 6 == APPROPRIATION. There is appropriated from the  
14 7 general fund of the state to the insurance division of  
14 8 the department of commerce for the fiscal year  
14 9 beginning July 1, 2008, and ending June 30, 2009, the  
14 10 following amount, or so much thereof as is necessary,  
14 11 for the purpose designated:

14 12 For deposit in the Iowa choice health care coverage  
14 13 program fund existing in section 514E.6, for the  
14 14 activities of the Iowa choice health care coverage  
14 15 program:

14 16 ..... \$ 50,000

14 17 DIVISION \_\_\_\_

14 18 BUREAU OF HEALTH INSURANCE OVERSIGHT

14 19 Sec. \_\_\_\_ NEW SECTION. 505.8A BUREAU OF HEALTH  
14 20 INSURANCE OVERSIGHT.

14 21 1. The bureau of health insurance oversight is  
14 22 created in the insurance division of the department of  
14 23 commerce to promote uniformity and transparency in the  
14 24 administrative and operational business requirements  
14 25 and practices that are imposed by health insurers upon  
14 26 health care providers for the purpose of maximizing  
14 27 administrative efficiencies and minimizing  
14 28 administrative costs of health care providers that  
14 29 contract with or otherwise have business relationships  
14 30 with health insurers.

14 31 2. The bureau of health insurance oversight shall  
14 32 have jurisdiction over administrative and operational  
14 33 policies, processes, and practices of health insurers  
14 34 that are imposed upon or otherwise affect health care  
14 35 providers, including but not limited to eligibility  
14 36 determinations; coordination of benefits; claims  
14 37 administration; noncompliance with contract terms and  
14 38 conditions; preauthorization, notification, or  
14 39 accreditation programming; notice to providers; and  
14 40 sanctions.

14 41 3. The commissioner of insurance shall establish a  
14 42 process for the filing, receipt, and investigation of  
14 43 complaints by health care providers regarding  
14 44 administrative and operational requirements and  
14 45 practices of health insurers that impede  
14 46 administrative efficiency, add administrative costs,  
14 47 or otherwise impair the provider's ability to provide  
14 48 affordable, quality health care services. For  
14 49 purposes of this section, complaints may be filed on  
14 50 behalf of such providers by a professional society  
15 1 that advocates on behalf of the interests of their  
15 2 provider members.

15 3 4. The commissioner shall require health insurers  
15 4 to file with the bureau of health insurance oversight  
15 5 each contract the insurer offers to health care  
15 6 providers in this state, at least ninety days prior to  
15 7 offering that contract to a health care provider. The  
15 8 filed contracts shall be accessible to the public upon  
15 9 request.

15 10 5. The commissioner may, from time to time,  
15 11 convene representatives of health insurers, health  
15 12 care providers, and other interested persons, to  
15 13 discuss administrative or operational policies,  
15 14 processes, or practices of health insurers that affect  
15 15 health care providers and to recommend ways to improve  
15 16 upon such policies, processes, or practices to foster  
15 17 uniformity and transparency and to minimize  
15 18 administrative costs to health care providers.

15 19 6. The commissioner shall identify administrative  
15 20 and operational policies, processes, or practices that  
15 21 merit regulatory intervention or direction by the  
15 22 commissioner and shall take action as appropriate

15 23 within the commissioner's authority to effectuate the  
15 24 purposes of this section.

15 25 7. The commissioner shall develop for  
15 26 implementation, uniform billing practices, including  
15 27 uniform claim forms, billing codes, and compatible  
15 28 electronic or other data interchange standards for use  
15 29 by health care providers and payers in their health  
15 30 care claims, health care encounters, and electronic or  
15 31 other data interchange activities.

15 32 8. The commissioner may make recommendations to  
15 33 the general assembly and the governor regarding  
15 34 legislation affecting health insurers' administrative  
15 35 and operational business requirements and practices  
15 36 imposed upon health care providers for the purpose of  
15 37 furthering uniformity, advancing health insurer  
15 38 transparency of such requirements and practices, and  
15 39 lessening administrative costs to health care  
15 40 providers.

15 41 9. The commissioner shall adopt rules under  
15 42 chapter 17A as necessary to carry out the provisions  
15 43 of this section.

15 44 10. As used in this section, unless the context  
15 45 requires otherwise:

15 46 a. "Health care provider" means a physician  
15 47 licensed under chapter 148, 150, or 150A.

15 48 b. "Health insurer" means any entity which  
15 49 provides a health benefit plan.

15 50 Sec. \_\_\_\_ BUREAU OF HEALTH INSURANCE OVERSIGHT ==  
16 1 APPROPRIATION. There is appropriated from the general  
16 2 fund of the state to the insurance division of the  
16 3 department of commerce for the fiscal year beginning  
16 4 July 1, 2008, and ending June 30, 2009, the following  
16 5 amount, or so much thereof as is necessary, for the  
16 6 purpose designated:

16 7 For administration of the bureau of health  
16 8 insurance oversight created in section 505.8A:

16 9 ..... \$ 80,000>

16 10 #3. Page 2, by striking lines 12 and 13 and  
16 11 inserting the following:

16 12 <\_\_\_\_. "Commission" means the Iowa electronic  
16 13 health information commission.>

16 14 #4. By striking page 4, line 35, through page 8,  
16 15 line 34, and inserting the following:

16 16 <Sec. \_\_\_\_ NEW SECTION. 135.156 IOWA ELECTRONIC  
16 17 HEALTH INFORMATION COMMISSION.

16 18 1. a. An electronic health information commission  
16 19 is created as a public and private collaborative  
16 20 effort to promote the adoption and use of health  
16 21 information technology in this state in order to  
16 22 improve health care quality, increase patient safety,  
16 23 reduce health care costs, enhance public health, and  
16 24 empower individuals and health care professionals with  
16 25 comprehensive, real-time medical information to  
16 26 provide continuity of care and make the best health  
16 27 care decisions. The commission shall provide  
16 28 oversight for the development, implementation, and  
16 29 coordination of an interoperable electronic health  
16 30 records system, telehealth expansion efforts, the  
16 31 health information technology infrastructure, and  
16 32 other health information technology initiatives in  
16 33 this state.

16 34 b. All health information technology efforts shall  
16 35 endeavor to represent the interests and meet the needs  
16 36 of consumers and the health care sector, protect the  
16 37 privacy of individuals and the confidentiality of  
16 38 individuals' information, promote physician best  
16 39 practices, and make information easily accessible to  
16 40 the appropriate parties. The system developed shall  
16 41 be consumer-driven, flexible, and expandable.

16 42 2. The commission shall consist of the following  
16 43 voting members:

16 44 a. Individuals with broad experience and vision in  
16 45 health care and health information technology and one  
16 46 member representing the health care consumer. The  
16 47 voting members shall be appointed by the governor,  
16 48 subject to confirmation by the senate. The voting  
16 49 members shall include all of the following:

16 50 (1) The director of the Iowa communications  
17 1 network.

17 2 (2) Three members who are the chief information  
17 3 officers of the three largest private health care

17 4 systems.

17 5 (3) One member who is the chief information  
17 6 officer of a public health care system.

17 7 (4) A representative of the private  
17 8 telecommunications industry.

17 9 (5) A representative of a rural hospital that is a  
17 10 member of the Iowa hospital association.

17 11 (6) A consumer advocate.

17 12 (7) A representative of the Iowa safety net  
17 13 provider network created in section 135.153.

17 14 3. a. The members shall select a chairperson,  
17 15 annually, from among the membership, and shall serve  
17 16 terms of three years beginning and ending as provided  
17 17 in section 69.19. Voting member appointments shall  
17 18 comply with sections 69.16 and 69.16A. Vacancies  
17 19 shall be filled by the original appointing authority  
17 20 and in the manner of the original appointments.  
17 21 Members shall receive reimbursement for actual  
17 22 expenses incurred while serving in their official  
17 23 capacity and voting members may also be eligible to  
17 24 receive compensation as provided in section 7E.6. A  
17 25 person appointed to fill a vacancy for a member shall  
17 26 serve only for the unexpired portion of the term. A  
17 27 member is eligible for reappointment for two  
17 28 successive terms.

17 29 b. The commission shall meet at least quarterly  
17 30 and at the call of the chairperson. A majority of the  
17 31 voting members of the commission constitutes a quorum.  
17 32 Any action taken by the commission must be adopted by  
17 33 the affirmative vote of a majority of its voting  
17 34 membership.

17 35 c. The commission is located for administrative  
17 36 purposes within the department of public health. The  
17 37 department shall provide office space, staff  
17 38 assistance, administrative support, and necessary  
17 39 supplies and equipment for the commission.

17 40 4. The commission shall do all of the following:

17 41 a. Establish an advisory council which shall  
17 42 consist of the representatives of entities involved in  
17 43 the electronic health records system task force  
17 44 established pursuant to section 217.41A, Code 2007,  
17 45 and any other members the commission determines  
17 46 necessary to assist in the commission's duties  
17 47 including but not limited to consumers and consumer  
17 48 advocacy organizations; physicians and health care  
17 49 professionals; pharmacists; leadership of community  
17 50 hospitals and major integrated health care delivery  
18 1 networks; state agencies including the department of  
18 2 public health, the department of human services, the  
18 3 department of elder affairs, the division of insurance  
18 4 of the department of commerce, and the office of the  
18 5 attorney general; health plans and health insurers;  
18 6 legal experts; academics and ethicists; business  
18 7 leaders; and professional associations. Public  
18 8 members of the advisory council shall receive  
18 9 reimbursement for actual expenses incurred while  
18 10 serving in their official capacity only if they are  
18 11 not eligible for reimbursement by the organization  
18 12 that they represent. Any legislative member shall be  
18 13 paid the per diem and expenses specified in section  
18 14 2.10.

18 15 b. Adopt a statewide health information technology  
18 16 plan by January 1, 2009. In developing the plan, the  
18 17 commission shall seek the input of providers, payers,  
18 18 and consumers. Standards and policies developed for  
18 19 the plan shall promote and be consistent with national  
18 20 standards developed by the office of the national  
18 21 coordinator for health information technology of the  
18 22 United States department of health and human services  
18 23 and shall address or provide for all of the following:

18 24 (1) The effective, efficient, statewide use of  
18 25 electronic health information in patient care, health  
18 26 care policymaking, clinical research, health care  
18 27 financing, and continuous quality improvement. The  
18 28 commission shall adopt requirements for interoperable  
18 29 electronic health records in this state including a  
18 30 recognized interoperability standard.

18 31 (2) Education of the public and health care  
18 32 sectors about the value of health information  
18 33 technology in improving patient care, and methods to  
18 34 promote increased support and collaboration of state

18 35 and local public health agencies, health care  
18 36 professionals, and consumers in health information  
18 37 technology initiatives.  
18 38 (3) Standards for the exchange of health care  
18 39 information.  
18 40 (4) Policies relating to the protection of privacy  
18 41 of patients and the security and confidentiality of  
18 42 patient information.  
18 43 (5) Policies relating to health information  
18 44 ownership.  
18 45 (6) Policies relating to governance of the various  
18 46 facets of the health information technology system.  
18 47 (7) A single patient identifier or alternative  
18 48 mechanism to share secure patient information. If no  
18 49 alternative mechanism is acceptable to the commission,  
18 50 all health care professionals shall utilize the  
19 1 mechanism selected by the commission by January 1,  
19 2 2010.  
19 3 (8) A standard continuity of care record and other  
19 4 issues related to the content of electronic  
19 5 transmissions. All health care professionals shall  
19 6 utilize the standard continuity of care record by  
19 7 January 1, 2010.  
19 8 (9) Requirements for electronic prescribing.  
19 9 (10) Economic incentives and support to facilitate  
19 10 participation in an interoperable system by health  
19 11 care professionals.  
19 12 c. Identify existing and potential health  
19 13 information technology efforts in this state,  
19 14 regionally, and nationally, and integrate existing  
19 15 efforts to avoid incompatibility between efforts and  
19 16 avoid duplication.  
19 17 d. Coordinate public and private efforts to  
19 18 provide the network backbone infrastructure for the  
19 19 health information technology system. In coordinating  
19 20 these efforts, the commission shall do all of the  
19 21 following:  
19 22 (1) Adopt policies to effectuate the logical  
19 23 cost-effective usage of and access to the state-owned  
19 24 network, and support of telecommunication carrier  
19 25 products, where applicable.  
19 26 (2) Complete a memorandum of understanding with  
19 27 the Iowa communications network for governmental  
19 28 access usage, with private fiber optic networks for  
19 29 core backbone usage of private fiber optic networks,  
19 30 and with any other communications entity for  
19 31 state-subsidized usage of the communications entity's  
19 32 products to access any backbone network.  
19 33 (3) Establish protocols to ensure compliance with  
19 34 any applicable federal standards.  
19 35 (4) Determine costs for accessing the network at a  
19 36 level that provides sufficient funding for the  
19 37 network.  
19 38 e. Promote the use of telemedicine.  
19 39 (1) Examine existing barriers to the use of  
19 40 telemedicine and make recommendations for eliminating  
19 41 these barriers.  
19 42 (2) Examine the most efficient and effective  
19 43 systems of technology for use and make recommendations  
19 44 based on the findings.  
19 45 f. Address the workforce needs generated by  
19 46 increased use of health information technology.  
19 47 g. Adopt rules in accordance with chapter 17A to  
19 48 implement all aspects of the statewide plan and the  
19 49 network.  
19 50 h. Coordinate, monitor, and evaluate the adoption,  
20 1 use, interoperability, and efficiencies of the various  
20 2 facets of health information technology in this state.  
20 3 i. Seek and apply for any federal or private  
20 4 funding to assist in the implementation and support of  
20 5 the health information technology system and make  
20 6 recommendations for funding mechanisms for the ongoing  
20 7 development and maintenance costs of the health  
20 8 information technology system.  
20 9 j. Identify state laws and rules that present  
20 10 barriers to the development of the health information  
20 11 technology system and recommend any changes to the  
20 12 governor and the general assembly.  
20 13 Sec. \_\_\_\_\_. Section 8D.13, Code 2007, is amended by  
20 14 adding the following new subsection:  
20 15 NEW SUBSECTION. 20. Access shall be offered to

20 16 the Iowa hospital association only for the purposes of  
20 17 collection, maintenance, and dissemination of health  
20 18 and financial data for hospitals and for hospital  
20 19 education services. The Iowa hospital association  
20 20 shall be responsible for all costs associated with  
20 21 becoming part of the network, as determined by the  
20 22 commission.

20 23 Sec. \_\_\_\_\_. Section 217.41A, Code 2007, is repealed.  
20 24 Sec. \_\_\_\_\_. IOWA HEALTH INFORMATION TECHNOLOGY  
20 25 SYSTEM == APPROPRIATION. There is appropriated from  
20 26 the general fund of the state to the department of  
20 27 public health for the fiscal year beginning July 1,  
20 28 2008, and ending June 30, 2009, the following amount,  
20 29 or so much thereof as is necessary, for the purpose  
20 30 designated:  
20 31 For administration of the Iowa health information  
20 32 technology system:  
20 33 ..... \$ 118,800>  
20 34 #5. Page 9, by striking line 1 and inserting the  
20 35 following:  
20 36 <LONG=TERM LIVING PLANNING AND  
20 37 PATIENT AUTONOMY IN HEALTH CARE>  
20 38 #6. Page 9, by inserting after line 14 the  
20 39 following:  
20 40 <Sec. \_\_\_\_\_. END=OF=LIFE CARE DECISION MAKING ==  
20 41 APPROPRIATION. There is appropriated from the general  
20 42 fund of the state to the department of elder affairs  
20 43 for the fiscal year beginning July 1, 2008, and ending  
20 44 June 30, 2009, the following amount, or so much  
20 45 thereof as is necessary, for the purpose designated:  
20 46 For activities associated with the end-of-life care  
20 47 decision-making requirements of this division:  
20 48 ..... \$ 10,000  
20 49 Sec. \_\_\_\_\_. LONG=TERM LIVING PLANNING TOOLS ==  
20 50 PUBLIC EDUCATION CAMPAIGN. The legal services  
21 1 development and substitute decision maker programs of  
21 2 the department of elder affairs, in collaboration with  
21 3 other appropriate agencies and interested parties,  
21 4 shall research existing long-term living planning  
21 5 tools that are designed to increase quality of life  
21 6 and contain health care costs and recommend a public  
21 7 education campaign strategy on long-term living to the  
21 8 general assembly by January 1, 2009.  
21 9 Sec. \_\_\_\_\_. LONG=TERM CARE OPTIONS PUBLIC EDUCATION  
21 10 CAMPAIGN. The department of elder affairs, in  
21 11 collaboration with the insurance division of the  
21 12 department of commerce, shall implement a long-term  
21 13 care options public education campaign. The campaign  
21 14 may utilize such tools as the "Own Your Future  
21 15 Planning Kit" administered by the centers for Medicare  
21 16 and Medicaid services, the administration on aging,  
21 17 and the office of the assistant secretary for planning  
21 18 and evaluation of the United States department of  
21 19 health and human services, and other tools developed  
21 20 through the aging and disability resource center  
21 21 program of the administration on aging and the centers  
21 22 for Medicare and Medicaid services designed to promote  
21 23 health and independence as Iowans age, assist older  
21 24 Iowans in making informed choices about the  
21 25 availability of long-term care options, including  
21 26 alternatives to facility-based care, and to streamline  
21 27 access to long-term care.  
21 28 Sec. \_\_\_\_\_. LONG=TERM CARE OPTIONS PUBLIC EDUCATION  
21 29 CAMPAIGN == APPROPRIATION. There is appropriated from  
21 30 the general fund of the state to the department of  
21 31 elder affairs for the fiscal year beginning July 1,  
21 32 2008, and ending June 30, 2009, the following amount,  
21 33 or so much thereof as is necessary, for the purpose  
21 34 designated:  
21 35 For activities associated with the long-term care  
21 36 options public education campaign requirements of this  
21 37 division:  
21 38 ..... \$ 75,000  
21 39 Sec. \_\_\_\_\_. HOME AND COMMUNITY=BASED SERVICES PUBLIC  
21 40 EDUCATION CAMPAIGN. The department of elder affairs  
21 41 shall work with other public and private agencies to  
21 42 identify resources that may be used to continue the  
21 43 work of the aging and disability resource center  
21 44 established by the department through the aging and  
21 45 disability resource center grant program efforts of  
21 46 the administration on aging and the centers for

21 47 Medicare and Medicaid services of the United States  
21 48 department of health and human services, beyond the  
21 49 federal grant period ending September 30, 2008.  
21 50 Sec. \_\_\_\_ PATIENT AUTONOMY IN HEALTH CARE  
22 1 DECISIONS PILOT PROJECT.  
22 2 1. The department of public health shall establish  
22 3 a two-year community coalition for patient treatment  
22 4 wishes across the health care continuum pilot project,  
22 5 beginning July 1, 2008, and ending June 30, 2010, in a  
22 6 county with a population of between fifty thousand and  
22 7 one hundred thousand. The pilot project shall utilize  
22 8 the process based upon the national physicians orders  
22 9 for life sustaining treatment program initiative,  
22 10 including use of a standardized physician order for  
22 11 scope of treatment form. The pilot project may  
22 12 include applicability to chronically ill, frail, and  
22 13 elderly or terminally ill individuals in hospitals  
22 14 licensed pursuant to chapter 135B, nursing facilities  
22 15 or residential care facilities licensed pursuant to  
22 16 chapter 135C, or hospice programs as defined in  
22 17 section 135J.1.  
22 18 2. The department of public health shall convene  
22 19 an advisory council, consisting of representatives of  
22 20 entities with interest in the pilot project, including  
22 21 but not limited to the Iowa hospital association, the  
22 22 Iowa medical society, organizations representing  
22 23 health care facilities, representatives of health care  
22 24 providers, and the Iowa trial lawyers association, to  
22 25 develop recommendations for expanding the pilot  
22 26 project statewide. The advisory council shall hold  
22 27 meetings throughout the state to obtain input  
22 28 regarding the pilot project and its statewide  
22 29 application. Based on information collected regarding  
22 30 the pilot project and information obtained through its  
22 31 meetings, the advisory council shall report its  
22 32 findings and recommendations, including  
22 33 recommendations for legislation, to the governor and  
22 34 the general assembly by January 1, 2010.  
22 35 3. The pilot project shall not alter the rights of  
22 36 individuals who do not execute a physician order for  
22 37 scope of treatment.  
22 38 a. If an individual is a qualified patient as  
22 39 defined in section 144A.2, the individual's  
22 40 declaration executed under chapter 144A shall control  
22 41 health care decision making for the individual in  
22 42 accordance with chapter 144A. A physician order for  
22 43 scope of treatment shall not supersede a declaration  
22 44 executed pursuant to chapter 144A. If an individual  
22 45 has not executed a declaration pursuant to chapter  
22 46 144A, health care decision making relating to  
22 47 life-sustaining procedures for the individual shall be  
22 48 governed by section 144A.7.  
22 49 b. If an individual has executed a durable power  
22 50 of attorney for health care pursuant to chapter 144B,  
23 1 the individual's durable power of attorney for health  
23 2 care shall control health care decision making for the  
23 3 individual in accordance with chapter 144B. A  
23 4 physician order for scope of treatment shall not  
23 5 supersede a durable power of attorney for health care  
23 6 executed pursuant to chapter 144B.  
23 7 c. In the absence of actual notice of the  
23 8 revocation of a physician order for scope of  
23 9 treatment, a physician, health care provider, or any  
23 10 other person who complies with a physician order for  
23 11 scope of treatment shall not be subject to liability,  
23 12 civil or criminal, for actions taken under this  
23 13 section which are in accordance with reasonable  
23 14 medical standards. Any physician, health care  
23 15 provider, or other person against whom criminal or  
23 16 civil liability is asserted because of conduct in  
23 17 compliance with this section may interpose the  
23 18 restriction on liability in this paragraph as an  
23 19 absolute defense.  
23 20 Sec. \_\_\_\_ PATIENT AUTONOMY IN HEALTH CARE  
23 21 DECISIONS PILOT PROJECT == APPROPRIATION. There is  
23 22 appropriated from the general fund of the state to the  
23 23 department of public health for the fiscal year  
23 24 beginning July 1, 2008, and ending June 30, 2009, the  
23 25 following amount, or so much thereof as is necessary,  
23 26 for the purpose designated:  
23 27 For activities associated with the patient autonomy

23 28 in health care decisions pilot project requirements of  
23 29 this division:  
23 30 ..... \$ 40,000>  
23 31 #7. Page 9, by inserting after line 34 the  
23 32 following:  
23 33 <Sec. \_\_\_\_\_. NEW SECTION. 509A.13B CONTINUATION OF  
23 34 DEPENDENT COVERAGE.  
23 35 If a governing body, a county board of supervisors,  
23 36 or a city council has procured accident or health care  
23 37 coverage for its employees under this chapter such  
23 38 coverage shall permit continuation of existing  
23 39 coverage for an unmarried dependent child of an  
23 40 insured or enrollee who so elects, at least through  
23 41 the age of twenty-five years old or so long as the  
23 42 dependent child maintains full-time status as a  
23 43 student in an accredited institution of postsecondary  
23 44 education, whichever occurs last, at a premium  
23 45 established in accordance with the rating practices of  
23 46 the coverage.>  
23 47 #8. Page 12, by inserting after line 31 the  
23 48 following:  
23 49 <\_\_\_\_. A chiropractor licensed pursuant to chapter  
23 50 151.>  
24 1 #9. Page 16, by striking lines 23 through 29 and  
24 2 inserting the following: <of a statewide medical home  
24 3 system.>  
24 4 #10. Page 17, line 17, by inserting after the word  
24 5 <service.> the following: <The plan shall provide  
24 6 that in sharing information, the priority shall be the  
24 7 protection of the privacy of individuals and the  
24 8 security and confidentiality of the individual's  
24 9 information. Any sharing of information required by  
24 10 the medical home system shall comply and be consistent  
24 11 with all existing state and federal laws and  
24 12 regulations relating to the confidentiality of health  
24 13 care information and shall be subject to written  
24 14 consent of the patient.>  
24 15 #11. Page 20, line 26, by inserting after the  
24 16 words <recipients of> the following: <full benefits  
24 17 under>.  
24 18 #12. Page 20, lines 33 and 34, by striking the  
24 19 words <adult recipients of medical assistance> and  
24 20 inserting the following: <adults who are recipients  
24 21 of full benefits under the medical assistance  
24 22 program>.  
24 23 #13. Page 21, line 25, by striking the figure <12>  
24 24 and inserting the following: <11>.  
24 25 #14. Page 22, by inserting after line 1 the  
24 26 following:  
24 27 Sec. \_\_\_\_\_. MEDICAL HOME SYSTEM == APPROPRIATION.  
24 28 There is appropriated from the general fund of the  
24 29 state to the department of public health for the  
24 30 fiscal year beginning July 1, 2008, and ending June  
24 31 30, 2009, the following amount, or so much thereof as  
24 32 is necessary, for the purpose designated:  
24 33 For activities associated with the medical home  
24 34 system requirements of this division:  
24 35 ..... \$ 137,800>  
24 36 #15. Page 28, by striking lines 2 through 6.  
24 37 #16. Page 28, by inserting after line 29 the  
24 38 following:  
24 39 <Sec. \_\_\_\_\_. Section 136.3, Code 2007, is amended by  
24 40 adding the following new subsection:  
24 41 NEW SUBSECTION. 12. Perform those duties  
24 42 authorized pursuant to section 135.161.  
24 43 Sec. \_\_\_\_\_. PREVENTION AND CHRONIC CARE MANAGEMENT  
24 44 == APPROPRIATION. There is appropriated from the  
24 45 general fund of the state to the department of public  
24 46 health for the fiscal year beginning July 1, 2008, and  
24 47 ending June 30, 2009, the following amount, or so much  
24 48 thereof as is necessary, for the purpose designated:  
24 49 For activities associated with the prevention and  
24 50 chronic care management requirements of this division:  
25 1 ..... \$ 150,500>  
25 2 #17. By striking page 29, line 16, through page  
25 3 31, line 8, and inserting the following:  
25 4 <DIVISION \_\_\_\_  
25 5 HEALTH CARE QUALITY, COST CONTAINMENT, AND  
25 6 CONSUMER INFORMATION  
25 7 DIVISION XXIV  
25 8 OFFICE OF HEALTH CARE QUALITY, COST CONTAINMENT,

25 9 AND CONSUMER INFORMATION  
25 10 Sec. \_\_\_\_\_. NEW SECTION. 135.163 OFFICE OF HEALTH  
25 11 CARE QUALITY, COST CONTAINMENT, AND CONSUMER  
25 12 INFORMATION.

25 13 1. An office of health care quality, cost  
25 14 containment, and consumer information is created in  
25 15 the department.

25 16 2. The office shall, at a minimum, do all of the  
25 17 following:

25 18 a. Develop and implement cost=containment measures  
25 19 that help to contain costs while improving quality in  
25 20 the health care system.

25 21 b. Provide for coordination of public and private  
25 22 cost=containment, quality, and safety efforts in this  
25 23 state, including but not limited to efforts of the  
25 24 Iowa healthcare collaborative, the Iowa health buyers'  
25 25 alliance, the state's Medicare quality improvement  
25 26 organization, and the Iowa Medicaid enterprise.

25 27 c. Carry out other health care price, quality, and  
25 28 safety-related research as directed by the governor  
25 29 and the general assembly.

25 30 d. Develop strategies to contain health care costs  
25 31 which may include:

25 32 (1) Promoting adoption of health information  
25 33 technology through provider incentives.

25 34 (2) Considering a four-tier prescription drug  
25 35 copayment system within a prescription drug benefit  
25 36 that includes a zero copayment tier for select  
25 37 medications to improve patient compliance.

25 38 (3) Providing a standard medication therapy  
25 39 management program as a prescription drug benefit to  
25 40 optimize high-risk patients' medication outcomes.

25 41 (4) Investigating whether pooled purchasing for  
25 42 prescription drug benefits, such as a common statewide  
25 43 preferred drug list, would decrease costs.

25 44 e. Develop strategies to increase the public's  
25 45 role and responsibility in personal health care  
25 46 choices and decisions which may include:

25 47 (1) Creating a public awareness campaign to  
25 48 educate consumers on smart health care choices.

25 49 (2) Promoting public reporting of quality  
25 50 performance measures.

26 1 f. Develop implementation strategies which may  
26 2 include piloting the various quality,  
26 3 cost=containment, and public involvement strategies  
26 4 utilizing publicly funded health care coverage groups  
26 5 such as the medical assistance program, state of Iowa  
26 6 employee group health plans, and regents institutions  
26 7 health care plans, consistent with collective  
26 8 bargaining agreements in effect.

26 9 g. Develop a method for health care providers to  
26 10 provide a patient, upon request, with a reasonable  
26 11 estimate of charges for the services.

26 12 h. Identify the process and time frames for  
26 13 implementation of any initiatives, identify any  
26 14 barriers to implementation of initiatives, and  
26 15 recommend any changes in law or rules necessary to  
26 16 eliminate the barriers and to implement the  
26 17 initiatives.

26 18 Sec. \_\_\_\_\_. OFFICE OF HEALTH CARE QUALITY, COST  
26 19 CONTAINMENT, AND CONSUMER INFORMATION ==  
26 20 APPROPRIATION. There is appropriated from the general  
26 21 fund of the state to the department of public health  
26 22 for the fiscal year beginning July 1, 2008, and ending  
26 23 June 30, 2009, the following amount, or so much  
26 24 thereof as is necessary, for the purpose designated:

26 25 For activities associated with the office of health  
26 26 care quality, cost containment, and consumer  
26 27 information requirements of this division:

26 28 ..... \$ 135,900

26 29 DIVISION XXV  
26 30 BUREAU OF HEALTH CARE ACCESS

26 31 Sec. \_\_\_\_\_. NEW SECTION. 135.164 BUREAU OF HEALTH  
26 32 CARE ACCESS.

26 33 A bureau of health care access is created to  
26 34 coordinate public and private efforts to develop and  
26 35 maintain an appropriate health care delivery  
26 36 infrastructure and a stable, well-qualified, diverse,  
26 37 and sustainable health care workforce in this state.  
26 38 The bureau shall, at a minimum, do all of the  
26 39 following:

26 40 1. Develop a strategic plan for health care  
26 41 delivery infrastructure and health care workforce  
26 42 resources in this state.

26 43 2. Provide for the continuous collection of data  
26 44 to provide a basis for health care strategic planning  
26 45 and health care policymaking.

26 46 3. Make recommendations regarding the health care  
26 47 delivery infrastructure and the health care workforce  
26 48 that assist in monitoring current needs, predicting  
26 49 future trends, and informing policymaking.

26 50 4. Advise and provide support to the health  
27 1 facilities council established in section 135.62.

27 2 Sec. \_\_\_\_\_. NEW SECTION. 135.165 STRATEGIC PLAN.

27 3 1. The strategic plan for health care delivery  
27 4 infrastructure and health care workforce resources  
27 5 shall describe the existing health care system,  
27 6 describe and provide a rationale for the desired  
27 7 health care system, provide an action plan for  
27 8 implementation, and provide methods to evaluate the  
27 9 system. The plan shall incorporate expenditure  
27 10 control methods and integrate criteria for  
27 11 evidence-based health care. The bureau of health care  
27 12 access shall do all of the following in developing the  
27 13 strategic plan for health care delivery infrastructure  
27 14 and health care workforce resources:

27 15 a. Conduct strategic health planning activities  
27 16 related to preparation of the strategic plan.

27 17 b. Develop a computerized system for accessing,  
27 18 analyzing, and disseminating data relevant to  
27 19 strategic health planning. The bureau may enter into  
27 20 data sharing agreements and contractual arrangements  
27 21 necessary to obtain or disseminate relevant data.

27 22 c. Conduct research and analysis or arrange for  
27 23 research and analysis projects to be conducted by  
27 24 public or private organizations to further the  
27 25 development of the strategic plan.

27 26 d. Establish a technical advisory committee to  
27 27 assist in the development of the strategic plan. The  
27 28 members of the committee may include but are not  
27 29 limited to health economists, health planners,  
27 30 representatives of health care purchasers,  
27 31 representatives of state and local agencies that  
27 32 regulate entities involved in health care,  
27 33 representatives of health care providers and health  
27 34 care facilities, and consumers.

27 35 2. The strategic plan shall include statewide  
27 36 health planning policies and goals related to the  
27 37 availability of health care facilities and services,  
27 38 the quality of care, and the cost of care. The  
27 39 policies and goals shall be based on the following  
27 40 principles:

27 41 a. That a strategic health planning process,  
27 42 responsive to changing health and social needs and  
27 43 conditions, is essential to the health, safety, and  
27 44 welfare of Iowans. The process shall be reviewed and  
27 45 updated as necessary to ensure that the strategic plan  
27 46 addresses all of the following:

27 47 (1) Promoting and maintaining the health of all  
27 48 Iowans.

27 49 (2) Providing accessible health care services  
27 50 through the maintenance of an adequate supply of  
28 1 health facilities and an adequate workforce.

28 2 (3) Controlling excessive increases in costs.

28 3 (4) Applying specific quality criteria and  
28 4 population health indicators.

28 5 (5) Recognizing prevention and wellness as  
28 6 priorities in health care programs to improve quality  
28 7 and reduce costs.

28 8 (6) Addressing periodic priority issues including  
28 9 disaster planning, public health threats, and public  
28 10 safety dilemmas.

28 11 (7) Coordinating health care delivery and resource  
28 12 development efforts among state agencies including  
28 13 those tasked with facility, services, and professional  
28 14 provider licensure; state and federal reimbursement;  
28 15 health service utilization data systems; and others.

28 16 b. That both consumers and providers throughout  
28 17 the state must be involved in the health planning  
28 18 process, outcomes of which shall be clearly  
28 19 articulated and available for public review and use.

28 20 c. That the supply of a health care service has a

28 21 substantial impact on utilization of the service,  
28 22 independent of the effectiveness, medical necessity,  
28 23 or appropriateness of the particular health care  
28 24 service for a particular individual.

28 25 d. That given that health care resources are not  
28 26 unlimited, the impact of any new health care service  
28 27 or facility on overall health expenditures in this  
28 28 state must be considered.

28 29 e. That excess capacity of health care services  
28 30 and facilities places an increased economic burden on  
28 31 the public.

28 32 f. That the likelihood that a requested new health  
28 33 care facility, service, or equipment will improve  
28 34 health care quality and outcomes must be considered.

28 35 g. That development and ongoing maintenance of  
28 36 current and accurate health care information and  
28 37 statistics related to cost and quality of health care  
28 38 and projections of the need for health care facilities  
28 39 and services are necessary to developing an effective  
28 40 health care planning strategy.

28 41 h. That the certificate of need program as a  
28 42 component of the health care planning regulatory  
28 43 process must balance considerations of access to  
28 44 quality care at a reasonable cost for all Iowans,  
28 45 optimal use of existing health care resources,  
28 46 fostering of expenditure control, and elimination of  
28 47 unnecessary duplication of health care facilities and  
28 48 services, while supporting improved health care  
28 49 outcomes.

28 50 i. That strategic health care planning must be  
29 1 concerned with the stability of the health care  
29 2 system, encompassing health care financing, quality,  
29 3 and the availability of information and services for  
29 4 all residents.

29 5 3. The health care delivery infrastructure and  
29 6 resources strategic plan developed by the bureau shall  
29 7 include all of the following:

29 8 a. A health care system assessment and objectives  
29 9 component that does all of the following:

29 10 (1) Describes state and regional population  
29 11 demographics, health status indicators, and trends in  
29 12 health status and health care needs.

29 13 (2) Identifies key policy objectives for the state  
29 14 health care system related to access to care, health  
29 15 care outcomes, quality, and cost-effectiveness.

29 16 b. A health care facilities and services plan that  
29 17 assesses the demand for health care facilities and  
29 18 services to inform state health care planning efforts  
29 19 and direct certificate of need determinations, for  
29 20 those facilities and services subject to certificate  
29 21 of need. The plan shall include all of the following:

29 22 (1) An inventory of each geographic region's  
29 23 existing health care facilities and services.

29 24 (2) Projections of the need for each category of  
29 25 health care facility and service, including those  
29 26 subject to certificate of need.

29 27 (3) Policies to guide the addition of new or  
29 28 expanded health care facilities and services to  
29 29 promote the use of quality, evidence-based,  
29 30 cost-effective health care delivery options, including  
29 31 any recommendations for criteria, standards, and  
29 32 methods relevant to the certificate of need review  
29 33 process.

29 34 (4) An assessment of the availability of health  
29 35 care providers, public health resources,  
29 36 transportation infrastructure, and other  
29 37 considerations necessary to support the needed health  
29 38 care facilities and services in each region.

29 39 c. A health care data resources plan that  
29 40 identifies data elements necessary to properly conduct  
29 41 planning activities and to review certificate of need  
29 42 applications, including data related to inpatient and  
29 43 outpatient utilization and outcomes information, and  
29 44 financial and utilization information related to  
29 45 charity care, quality, and cost. The plan shall  
29 46 provide all of the following:

29 47 (1) An inventory of existing data resources, both  
29 48 public and private, that store and disclose  
29 49 information relevant to the health care planning  
29 50 process, including information necessary to conduct  
30 1 certificate of need activities. The plan shall

30 2 identify any deficiencies in the inventory of existing  
30 3 data resources and the data necessary to conduct  
30 4 comprehensive health care planning activities. The  
30 5 plan may recommend that the bureau be authorized to  
30 6 access existing data sources and conduct appropriate  
30 7 analyses of such data or that other agencies expand  
30 8 their data collection activities as statutory  
30 9 authority permits. The plan may identify any  
30 10 computing infrastructure deficiencies that impede the  
30 11 proper storage, transmission, and analysis of health  
30 12 care planning data.

30 13 (2) Recommendations for increasing the  
30 14 availability of data related to health care planning  
30 15 to provide greater community involvement in the health  
30 16 care planning process and consistency in data used for  
30 17 certificate of need applications and determinations.  
30 18 The plan shall also integrate the requirements for  
30 19 annual reports by hospitals and health care facilities  
30 20 pursuant to section 135.75, the provisions relating to  
30 21 analyses and studies by the department pursuant to  
30 22 section 135.76, the data compilation provisions of  
30 23 section 135.78, and the provisions for contracts for  
30 24 assistance with analyses, studies, and data pursuant  
30 25 to section 135.83.

30 26 d. An assessment of emerging trends in health care  
30 27 delivery and technology as they relate to access to  
30 28 health care facilities and services, quality of care,  
30 29 and costs of care. The assessment shall recommend any  
30 30 changes to the scope of health care facilities and  
30 31 services covered by the certificate of need program  
30 32 that may be warranted by these emerging trends. In  
30 33 addition, the assessment may recommend any changes to  
30 34 criteria used by the department to review certificate  
30 35 of need applications, as necessary.

30 36 e. A rural health care resources plan to assess  
30 37 the availability of health resources in rural areas of  
30 38 the state, assess the unmet needs of these  
30 39 communities, and evaluate how federal and state  
30 40 reimbursement policies can be modified, if necessary,  
30 41 to more efficiently and effectively meet the health  
30 42 care needs of rural communities. The plan shall  
30 43 consider the unique health care needs of rural  
30 44 communities, the adequacy of the rural health care  
30 45 workforce, and transportation needs for accessing  
30 46 appropriate care.

30 47 f. A health care workforce resources plan to  
30 48 assure a competent, diverse, and sustainable health  
30 49 care workforce in Iowa and to improve access to health  
30 50 care in underserved areas and among underserved  
31 1 populations. The plan shall include the establishment  
31 2 of an advisory council to inform and advise the  
31 3 bureau, the department, and policymakers regarding  
31 4 issues relevant to the health care workforce in Iowa.  
31 5 4. The bureau shall submit the initial statewide  
31 6 health care delivery infrastructure and resources  
31 7 strategic plan to the governor and the general  
31 8 assembly by January 1, 2010, and shall submit an  
31 9 updated strategic plan to the governor and the general  
31 10 assembly every two years thereafter.

31 11 Sec. \_\_\_\_ BUREAU OF HEALTH CARE ACCESS ==  
31 12 APPROPRIATION. There is appropriated from the general  
31 13 fund of the state to the department of public health  
31 14 for the fiscal year beginning July 1, 2008, and ending  
31 15 June 30, 2009, the following amount, or so much  
31 16 thereof as is necessary, for the purpose designated:  
31 17 For activities associated with the bureau of health  
31 18 care access requirements of this division:  
31 19 ..... \$ 135,900>

31 20 #18. By striking page 31, line 12, through page  
31 21 33, line 22.

31 22 #19. Page 34, by inserting after line 4 the  
31 23 following:

31 24 <Sec. \_\_\_\_ IOWA HEALTHY COMMUNITIES INITIATIVE ==  
31 25 APPROPRIATION. There is appropriated from the general  
31 26 fund of the state to the department of public health  
31 27 for the fiscal period beginning January 1, 2009, and  
31 28 ending June 30, 2009, the following amount, or so much  
31 29 thereof as is necessary, for the purpose designated:

31 30 For Iowa healthy communities initiative grants  
31 31 distributed beginning January 1, 2009:  
31 32 ..... \$ 450,000

31 33 Sec. \_\_\_\_ GOVERNOR'S COUNCIL ON PHYSICAL FITNESS  
31 34 AND NUTRITION == APPROPRIATION. There is appropriated  
31 35 from the general fund of the state to the department  
31 36 of public health for the fiscal period beginning July  
31 37 1, 2008, and ending June 30, 2009, the following  
31 38 amount, or so much thereof as is necessary, for the  
31 39 purpose designated:  
31 40 For the governor's council on physical fitness:  
31 41 ..... \$ 112,100>  
31 42 #20. Page 34, line 7, by striking the word and  
31 43 figure <DIVISION V> and inserting the following:  
31 44 <DIVISION XXVI>.  
31 45 #21. Page 34, by inserting after line 8 the  
31 46 following:  
31 47 <Sec. \_\_\_\_ Section 135.62, subsection 2,  
31 48 unnumbered paragraph 1, Code 2007, is amended to read  
31 49 as follows:  
31 50 There is established a state health facilities  
32 1 council consisting of ~~five~~ seven persons appointed by  
32 2 the governor, one of whom shall be a health economist,  
32 3 one of whom shall be an actuary, and at least one of  
32 4 whom shall be a health care consumer. The council  
32 5 shall be within the department for administrative and  
32 6 budgetary purposes.>  
32 7 #22. Page 34, line 9, by striking the figure  
32 8 <135.45> and inserting the following: <135.166>.  
32 9 #23. Page 34, by inserting after line 23 the  
32 10 following:  
32 11 <\_\_\_\_. Each hospital in the state that is  
32 12 recognized by the Internal Revenue Code as a nonprofit  
32 13 organization or entity shall submit, to the department  
32 14 of public health and to the legislative services  
32 15 agency, annually, a copy of the hospital's internal  
32 16 revenue service form 990, including but not limited to  
32 17 schedule J or any successor schedule that provides  
32 18 compensation information for certain officers,  
32 19 directors, trustees, and key employees, and highest  
32 20 compensated employees within ninety days following the  
32 21 due date for filing the hospital's return for the  
32 22 taxable year.>  
32 23 #24. Title page, line 3, by striking the words  
32 24 <end-of-life care decision making> and inserting the  
32 25 following: <long-term living planning and patient  
32 26 autonomy in health care>.  
32 27 #25. Title page, line 8, by inserting after the  
32 28 word <transparency,> the following: <health care  
32 29 quality, cost containment and consumer information,  
32 30 health care access, making appropriations,>.  
32 31 #26. By renumbering, relettering, or redesignating  
32 32 and correcting internal references as necessary.  
32 33  
32 34  
32 35  
32 36 COMMITTEE ON APPROPRIATIONS  
32 37 ROBERT E. DVORSKY, CHAIRPERSON  
32 38 HF 2539.202 82  
32 39 pf:av/rj/10682